

PART A - MEDICAL CERTIFICATION - PUBLIC PASSENGER CHAUFFEUR LICENSE

State Form 3337 (R4 / 3-04)

PHYSICIAN NOTE: Part A to be retained on file in your office for at least two years.

/816		Part		oleted and given to exa			y our or					
Name of exa	aminee						Ag	е	Date of birth		Sex	
Social Secu	ırity number			purpose of this state a	This state agency is requesting disclosure of Social Security number that is necessary to accomplish the statute purpose of this state agency according to IC 4-1-8. Disclosure of this information is voluntary, you have the right to refuse to provide this information and will not be penalized therefor.							
Address (nu	umber, street, city	, state and ZIP co	ode)				•					
				HISTORY (To be filled	out	bv examinee i	in full)					
YES	NO			, , , , , , , , , , , , , , , , , , , ,			,					
		Are you taking any medications of any type?										
	□ 2. A	Are you under a doctor's care for any medical condition or physical disorder?										
	☐ 3. H	Have you been hospitalized for anything?										
	☐ 4. D	Do you have or have you ever had any serious illnesses or injuries?										
	□ 5. D	Do you have any physical impairments or impairment of vision or hearing?										
	6. Do you have or have you ever had a seizure disorder, epilepsy, "blackout spells," fainting spells, lapses of consciousness, or severe dizzy spells?											
	9. Have you ever had tuberculosis or a positive T.B. skin test?											
	□ 10. Have you ever experienced or do you presently experience chest pain, pressure, or discomfort when exerting yourself?											
If yes to any	y of these questio	ons, explain:										
NOTICE:	Physical exami	nation certificat	e signed and i	issued by a physician du I with application for Pub	uly	Signature of exa	aminee			Date (mo	nth, day, year)	
Passenger	Chauffeur Licen	nse according to	Chapter 304, Se	ections 55 and 56, Acts 19	45.							
	100	\	Pulse	SICAL EXAMINATION (" 0 "		
Height	Weight	Temperature	B/P	Vision for distance (<i>Acuity</i> Both Uncorrected 2			es es	achine testing or Si Right Eye 20/	nellen Chart Left Ey 20/			
General appearance/development				Skin				Y Y 				
					ı	Hearing (via either audiometry or whispered voice)						
H.E.E.N.T.						Right		Satisfactor	y Unsat	isfactory		
						Left		Satisfactor	y Unsat	isfactory		
						Neck		Thora	ax and lungs			
Heart				Peripheral vasculature	Abd	lomen				Genitalia/	rectal **	
					7.550							
Upper extre	emities			Lower extremities	ower extremities			Neuro	ological			
ANCILLARY	Y TESTS:			Tuberculosis skin test **		E.K.G. **		Chest radiograph **		Other ancillary tests **		
Sugar Protein												
	indings/physician			-1								
					[Signature of phy	/sician			Date (mo	nth, day, year)	
NOTE: ** IF	F INDICATED (OR AS DEEME	D NECESSAF	RY BY EXAMINING PHY	YSICI	AN						
HE STATE												
	PART B	- MEDICA	L CERTIF	ICATION - PUBL	IC F	PASSENGI	ER CHA	UFFE	UR LICENS	E		
11	<i>† 1</i>	337 (R4 / 3-04)										
1816	PART B "O A copy of t	NLY" - TO BE the physical ex	DETACHED A camination is	AND GIVEN TO EXAMING on file in the examining	NEE ng ph	TO TAKE TO I ysician's offic	LICENSE : ce.	BRANCH	l.			
	On			. I per	rsona	lly examined						
On, I personally examined Date of examination (<i>month, day, year</i>) Name of examinee												
	of				Δda	dress						
his/her ab	oility to safely or	perator a motor	l not have at the vehicle used	he time of this examinat to convey public passer	tion a	ny medical dis	order or pl did not hav	hysical co re any sig	ondition which wa nificant active co	as likely to ommunicab	interfere with le disease at	
Name of ph	of his/her exámi lysician	ination.		Signature of physician	Signature of physician			Telep	Telephone number			
A 1.1	1							()			
Address (nu	umber, street, city	, state, and ZIP co	oae)									